

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1		1	
2		2		2		2
3		2		2		2
4		1		1		1
5		2		2		2
6		2		2		2
7		2		2		2
8		2		2		2
9		2		2		2
10		1		1		1
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Total Indep	1		1		1	
Total Depend	13		12		12	
Total Claims	13		13		13	